

EXHIBIT 2

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| CIVIL ACTION COVER SHEET | DOCKET NUMBER | Trial Court of Massachusetts The Superior Court |
| PLAINTIFF(S): <u>Barry Spencer</u> ADDRESS: _____ _____ _____ ATTORNEY: _____ ADDRESS: _____ _____ _____ | | COUNTY <u>Suffolk</u> DEFENDANT(S): <u>Martin Walsh, Annie Dookhan,</u> <u>Daniella Fresca, John Polanowicz, John</u> <u>Auerbach, Linda Han, Donald Keenan et al.,</u> ADDRESS: _____ _____ _____ |
| TYPE OF ACTION AND TRACK DESIGNATION (see reverse side) | | |
| CODE NO. <u>E-17</u> | TYPE OF ACTION (specify) <u>Civil Rights</u> | TRACK <u>A</u> HAS A JURY CLAIM BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| "Other" please describe: <u>M.G.L. ch 258D</u> | | |
| STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A | | |
| The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff counsel relies to determine money damages. For form, disregard double or treble damage claims; indicate single damages only. | | |
| TORT CLAIMS (attach additional sheets as necessary) | | |
| Documented medical expenses to date: | | |
| 1. Total hospital expenses | | \$ _____ |
| 2. Total doctor expenses | | \$ _____ |
| 3. Total chiropractic expenses | | \$ _____ |
| 4. Total physical therapy expenses | | \$ _____ |
| 5. Total other expenses (describe below) | | \$ _____ |
| Subtotal (A): | | \$ _____ |
| Documented lost wages and compensation to date | | \$ _____ |
| Documented property damages to date | | \$ _____ |
| Reasonably anticipated future medical and hospital expenses | | \$ _____ |
| Reasonably anticipated lost wages | | \$ _____ |
| Other documented items of damages (describe below) | | \$ _____ |
| Briefly describe plaintiff's injury, including the nature and extent of injury: <u>physical, mental and emotional injury due to illegal</u> TOTAL (A-F): \$ _____ <u>incarceration</u> | | |
| CONTRACT CLAIMS (attach additional sheets as necessary) | | |
| Provide a detailed description of claim(s): <u>Erroneous conviction of innocent person</u> TOTAL: \$ _____ <u>for several years of incarceration, collectively a</u> <u>total of 1855 days due to egregious government misconduct.</u> | | |
| Date: _____ | | |
| Signature of Attorney/Pro Se Plaintiff: <u>X</u> | | |
| RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court. | | |
| CERTIFICATION PURSUANT TO SJC RULE 1:18 | | |
| I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution. | | |
| Date: _____ | | |
| Signature of Attorney of Record: <u>X</u> | | |